

# Alteration Form

## Sock

elements  
body

**SN** \_\_\_\_\_ Patient ID \_\_\_\_\_

Camp order no \_\_\_\_\_

By submitting this form you are certifying that personal data has been processed in compliance with GDPR (EU) 2016/679. The data will be processed only to the extent necessary to deliver ordered products.  
Due to the Data Privacy Regulation GDPR (EU) 2016/679) this form must be submitted through <https://submit.allardsupport.com>.

### Please mark what needs to be changed

- Too tight     Too loose

Attached photos if possible - Number \_\_\_\_\_

Circle the measurements that are not correct and describe why. Record new measurements if needed.

**Please ensure that the garment is clean when returned.**

Company name \_\_\_\_\_

Clinician \_\_\_\_\_

Address \_\_\_\_\_

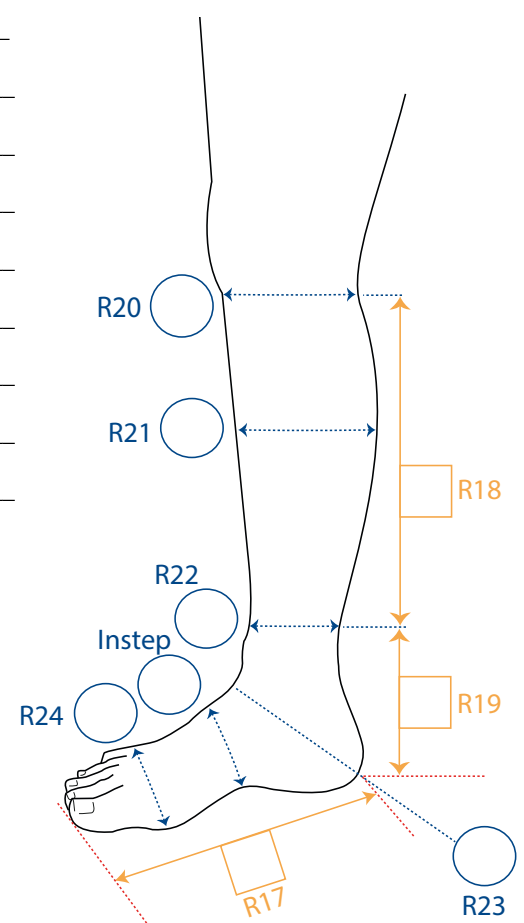
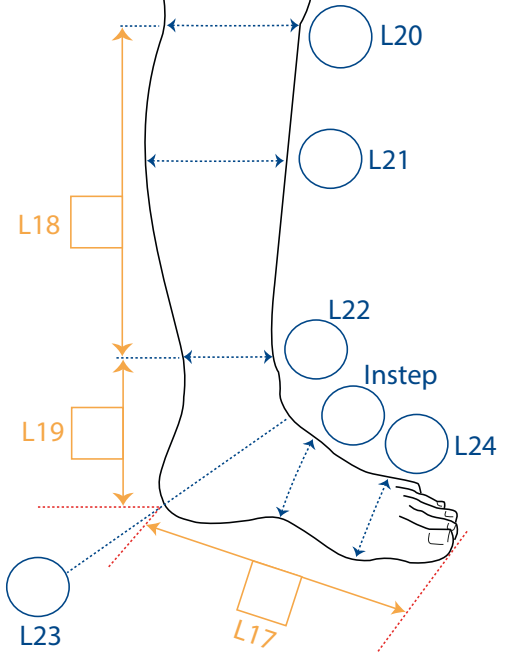
Zip \_\_\_\_\_ City \_\_\_\_\_

PO no \_\_\_\_\_

Phone contact \_\_\_\_\_

Delivery address \_\_\_\_\_

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